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PTO/SB/21 (08-00)

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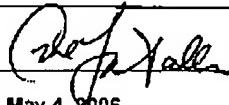
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<p>Total Number of Pages in This Submission</p>	<p>Application Number 10/533,360</p> <p>Filing Date November 7, 2006</p> <p>First Named Inventor JINA, ARVIND N.</p> <p>Group Art Unit 1641</p> <p>Examiner Name Unassigned</p> <p>Attorney Docket Number ADCI-010</p>
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ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address (1 pg) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 3.73(b) Statement (1 pg)
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	CAROL M. LASALLE, Reg. No. 39,740	
Signature		
Date	May 4, 2006	

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being facsimile filed under 37 C.F.R. §§ 1.6(d) and 1.8(a)(1)(b) addressed to: (57) 273-8300 on this date: May 4, 2006.

Typed or printed name	Linda M. Alvarez	Date
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PTO/SB/80 (04-06)
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I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).

I hereby appoint:

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- Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):

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as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).

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**Abbott Diabetes Care, Inc.
1420 Harbor Bay Parkway, Suite 290
Alameda, California 94502**

A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/88 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

SIGNATURE of Assignee or Record
The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

Signature	<u>C.S.L.</u>	Date: <u>4/1/06</u>
Name	<u>Carl Silverman</u>	Telephone: <u>510 749-5479</u>
Title	<u>Vice President, Intellectual Property</u>	

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/06 (09-04)

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STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: JINA, ARVIND N.Application No./Patent No.: 10/533,350Filed/Issue Date: November 7, 2005Entitled: **ASSAY DEVICE, SYSTEM AND METHOD****THERASENSE, INC.**, a

(Name of Assignee)

CORPORATION

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. the assignee of the entire right, title, and interest; or2. an assignee of less than the entire right, title and interest.
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The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

5/4/2006

Date

(650) 833-7774

Telephone number

Attorney

Title

Carol M. LaSalle, Reg. No. 39,740

Typed or printed name

Signature

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